

# COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Jennifer Steiger Department/Division: Health

Date Prepared: 4/20/11 Telephone: 432-9402

Grantor: ADHS Grant Title: Tuberculosis Control Program

Grant Term From: 7/1/11 To: 6/30/12

Fund No/Dept. No: 234 Note: Fund No. will be assigned by the Finance Department if new

New Grant ☐ Yes ☒ No Amendment No. 4 Increase \$ 0 Decrease \$ 0

Briefly describe purpose of grant:

The Health Department has the responsibility to investigate and treat suspected and active cases of Tuberculosis in Cochise County. The ADHS supports the County's efforts by means of grant funding to pay for consulting physician services, necessary testing, and medication. Salaries may also be paid from these grant funds, and the Health Dept. is paying 10% of the Coordinator's salary + ere's (\$3,121).

If amendment, provide reason:

Due to changes in state funding and the increased costs of lab fees and travel/fuel costs the Health Dept. requested that ADHS amend the Price Sheet accordingly for the next fiscal year.

If this is a mandated service, cite source. If not mandated, cite indications of local customer support for this service:

ADHS

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year		\$12,000			\$12,000
Remaining Years					
Total Revenue		\$12,000			\$12,000

Is County match required? ☐ Yes ☒ No If yes, dollar amount \$ \_\_\_\_\_

Has this amount been budgeted? ☒ Yes ☐ No Identify Funding Source: ADHS

Federal Catalog of Federal Domestic Assistance (CFDA) No: \_\_\_\_\_

Method of collecting grant funds: Lump sum payment ☐ Quarterly payments ☐ Draw ☐ Reimbursement ☒

Is revertment of unexpended funds required at end of grant period? ☒ Yes ☐ No

a) Total A-87 cost allocation \$197

b) Amount of overhead allowed by grant 0 County subsidy (a-b) \$197

Does Grantor accept indirect costs as an allowable expenditure? ☐ Yes ☒ No

If yes, dollar amount \$ \_\_\_\_\_ OR percentage allowed \_\_\_\_\_ %

Number of new positions that will be funded from grant: 0 Number of existing positions funded from grant: 1

## Executive Summary Form

### Agenda Number: HLT-- (Tuberculosis Control Program)

#### Recommendation:

Approval of IGA Contract No. HG854563 Amendment 4 County Tuberculosis Control Program between the Arizona Department of Health Services and the Cochise County Health Department. This contract is for the period of 7/1/2011 to 06/30/2012. This Amendment is for a revised Price Sheet. The amount of the grant remains to \$12,000.

#### Background (Brief):

The Health Department has the responsibility to investigate and treat suspected and active cases of Tuberculosis in Cochise County. The ADHS supports the County's efforts by means of grant funding to pay for consulting physician services, necessary testing, and medication. Salaries may also be paid from these grant funds, and the Health Dept. is paying 10% of the TB Coordinator's salary (\$3,121 + EREs).

The ADHS has funded this program for many years and the amounts of the grants have ebbed and flowed with the fortunes of the State's revenues. The Health Dept. has amended the Price Sheet due to the increased costs of lab fees and travel/fuel costs.

#### Fiscal Impact & Funding Sources:

This is a grant-funded, fixed price program through the Arizona Department of Health Services in the amount of \$12,000.

Salary's & ERE's =	\$ 4,200	
A-87 OH Rate @4.69 % =	\$ 197	*A-87 rate projected by Finance Dept.*
OH Authorized =	\$ 0	
<b>Net County Subsidy =</b>	<b>\$ 197</b>	

#### Next Steps/Action Items/Follow-up:

Your approvals are respectfully requested.

#### Impact of Not Approving:

Not approving this grant will cause the Health Dept. to rely on County General Funds to meet the mandatory requirements of TB case investigation and treatment in Cochise County.



# INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
1740 W. Adams, Room 303  
Phoenix, Arizona 85007  
(602) 542-1040  
(602) 542-1741 Fax

Contract No: HG854563

Amendment No. 4

Procurement Specialist  
Cindy Sullivan

## Tuberculosis Control Program

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. The Price Sheet of Amendment Three (3), Page Two (2), is replaced by revised Price Sheet, Amendment Four (4), Page Two (2). The Price Sheet total did not change. The line items changed as follows:

- 1 1 Personnel and ERE increased \$4,199 00 due to a change in funding covered by the Contract versus the County coverage.
- 1 2 Professional and Outside Services decreased \$3,700.00 due to decrease in lab cost outside of the Contract
- 1 3 Travel increased \$2,125.00 due to additional travel.
- 1 4 Other Operating Expenses decreased \$2,624 00 due to less supplies needed and moved to Personnel

All other provisions of this agreement remain unchanged.

Cochise County Health Department

Contractor Name

1415 W. Melody Lane, Bldg A

Address

Bisbee AZ 85603

City State Zip

### CONTRACTOR SIGNATURE

In accordance with A.R.S. 35-391 06 and A.R.S. 35-393 06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Sudan or Iran

Contractor Authorized Signature

Printed Name

Title

### CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona

Signature

Printed Name

Attorney General Contract No. PIGA2011000344, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona

Signature  
Assistant Attorney General

Printed Name: Ronald E. Johnson

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2011

Procurement Officer

RESERVED FOR USE BY THE SECRETARY OF STATE

**Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.**



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**COST REIMBURSEMENT SCHEDULE  
PRICE SHEET  
COCHISE COUNTY – TB CONTROL  
Contract HG854563**

<b>Cost Reimbursement Category</b>	<b>Amount</b>
a. PERSONAL SERVICES AND ERE	\$4,200.00
b. PROFESSIONAL AND OUTSIDE SERVICES	\$4,020.00
c. TRAVEL EXPENSES	\$2,625.00
d. OTHER OPERATING	\$1,154.00
e. CAPITAL OUTLAY EXPENSE	\$1.00
f. OTHER	\$0
<b>TOTAL</b>	<b>\$12,000.00</b>

**Note:** With prior approval from ADHS Program Manager, the Contractor is authorized to transfer up to a maximum of thirty-five percent (35%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding thirty-five (35%) percent or to a non-funded item shall require a Contract Amendment.



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### CONTRACTOR SIGNATURE

In accordance with A.R.S. 35-391.06 and A.R.S. 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Sudan or Iran

Contractor Authorized Signature

Printed Name

Title

### CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona

Signature

Date

Printed Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2011

Procurement Officer

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Signature  
Assistant Attorney General

Date

Printed Name: Ronald E. Johnson

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